FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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Name and Mailing Address of Respondent	Respondent														
TelAlaska, Inc. 201 East 56th Avenue Anchorage, AK 99518	00 13												Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reporting Period Co	Period (Endi	Reporting Period (Ending Date of Pay Period Covered by Report)	¥Υ		4. Number o	 Number of Full-Time Employees during Selected Reporting Period (check one): 	nployees duri (one):	ng Selected					
2017		03/31	03/31/2017				a. T Fen	Fewer than 16 (complete Sections I, IV, and V only) 16 or more (complete all sections)	omplete Secti plete all secti	ions I, IV, and ons)	I V only)				
SECTION II - Full-Time Employees.	es.														
							Numi (Report emplo	Number of Employees (Report employees in only one category)	yees one category)						
Job							_	Race/Ethnicity							
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
					Male	ale			:		Female	ale	:		Columns A - N
	Male	Female	White	Black or African	Native Hawaiian or	Asian		Two or more races	White	Black or African	Native Hawaiian or	Aslan	- 3	Two or more races	
				American	Otner Pacific Islander		Alaska Native			American	Other Pacific Islander		AJaska Native		
	>	В	C	0	Е	Fi	G	н	-	٦	χ	٦	м	z	0
Executive/Senior Level 1.1 Officials and Managers			3												3
First/Mid-Level Officials and 1.2 Managers	_2		5				-							1	7
Professionals	2		7				2		ų,						12
Technicians	ω_		2						-				1		4
Sales Workers	4_		-						_						2
Administrative Support Workers	- Cri		1						12				3	ż	18
Craft Workers	-		13				2	3	_						20
Operatives	7		12												2
Laborers and Helpers	- 60														0
Service Workers	9														0
TOTAL 10	-	0	34	0	0	0	5	w		٥	0	0	4	3	68
PREVIOUS YEAR TOTAL 11	 -	0	34	0	0	0	υ	w	16	0	0	0	5	3	67

16 mm	> 5	Hispanic or Latino le Female	C White	Black or African American	Native Hawaiian Other Pacific Islander	or Male Asian	Report empl (Report empl American Indian or Alaska Native	Number of Employees (Report employees in only one category) Race/Ethnicity Not-Hispanic or Latino American Indian or races Alaska Native G H I	yees one calegory ic or Latino White	Black or African American	Female Native Hawaiian or Other Pacific Islander	nale Asian	American Indian or Alaska Native	Two or more races
		8	c	0	m	П	G	I	-	٢	×	٦	~	
Executive/Senior Level 1.1 Officials and Managers	1			•										
First/Mid-Level Officials and 1.2	2					-								
Professionals	2											_		
Technicians	3													
Sales Workers	4													
Administrative Support E	th.													
Craft Workers	6		w				9						s.	
Operatives 7	7								i					
Laborers and Helpers 8	8													
Service Workers 9	9													
TOTAL 10	0 0	0	3	0	0	0	9	0	0	0	0	0	3	
PREVIOUS YEAR TOTAL 11	1 0	0	3	0	0	0	9	0	0	0	0	0	ů,	
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22:321, 23:55, 90:168, 101.4, and 101:311. This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having completent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard. file number or other designation, and current statutes are reconstituted.	ination Con Commission body having Commission Commission	aplaints Purs that no comp competent ju that the follow rolved, date fil	uant to 47 Cl laints regardit risdiction in si ring complain	FR 22.321, 23 ng violations o uch matters d ts alleging vio	.55, 90.168, 1 I the equal emuring the calen lations of the properties which the results of the properties of the properties which the results of the properties of the proper	01.4, and 101 ployment proder year cove provisions of a	.311. visions of Federed by this replant the repair of the replant the replan	ral, state, terri ort. byment opport	tonal, or local	statutes have	utes have been fied against this been filed against this company.	gainst this company.		[]
NON V	wledge, infor	mation, and b	elief, all state	ments in this r	eport are true	and correct.								Ш
04/11/2017 N	yped or Printed Name Wendi Racca	Typed or Printed Name of Person Signing Wendi Racca	rson Signing			Signature	ind:	13	(Telephone No. (337) 583-8343	83-83	₩ 1
Director of Human Resources & Risk Mgmt	Resourc	es & Ri	sk Mgm		Y FALSE STA	TEMENTS M	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (AX1) AND/OR FORFEITURE (47 U.S.C. 503).	FORM ARE P PERMIT (47 U	UNISHABLE	BY FINE AN (1) AND/OR I	D/OR IMPRIS	ONMENT (1)	8 U.S.C. 1(03).	의